



TIVERTON POLICE DEPARTMENT

SUBJECT: Infection Control	GENERAL ORDER NO. 240.10
	PAGES: 16 (Attachments)
SECTION: 200- Administrative SUBSECTION: 40- Health and Welfare	AMENDS/SUPERSEDES: 8-9
PER ORDER OF: Thomas Blakey, Chief of Police	EFFECTIVE DATE: 11/12/2014 REVISED DATE: 11/12/2014 REVIEW DATE: 11/12/2017

CALEA:	
RIPAC:	

NOTE: This written directive is for the internal governance of the Tiverton Police Department, and is not intended and should not be interpreted to establish a higher standard of care in any civil or criminal action than would otherwise be applicable under existing law.

INDEX WORDS: AIDS, Hepatitis-B, Tuberculosis, Infection Control

I. POLICY:

It is the responsibility of the Tiverton Police Department to take all reasonable measures to allow its members to perform their duties in a safe and effective manner. The safe performance of daily operations is threatened by the AIDS and Hepatitis-B viruses and tuberculosis, which can be contracted through exposure to infected blood and several types of bodily secretions. It is the policy of the department to continuously provide its employees with information and education on prevention of these diseases provide necessary safety equipment and procedures to minimize the exposure risks and institute post-exposure reporting, evaluation and treatment for all members exposed to these diseases in the line of work.

II. PURPOSE:

The purpose of this policy is to provide officers with guidelines for preventing the contraction of the AIDS virus, hepatitis-B, tuberculosis, and other blood borne pathogens.

III. DEFINITIONS:

- A. **AIDS:** Acquired Immune Deficiency Syndrome, an incurable contagious disease affecting the body's immune system, rendering the body susceptible to a variety of rare and usually fatal illnesses. AIDS is caused by a virus called Human immunodeficiency virus (HIV).
- B. **Bodily fluids:** Blood, semen and vaginal fluids or other secretions that might contain these fluids such as saliva, vomit, urine, or feces, or such other body fluid, tissue, or organ that may be designated by the public health services of the State of Rhode Island and Providence Plantations.
- C. **Exposure control plan:** This General Order which has been developed by the department and hereby made available to its employees that details the steps taken to eliminate or minimize exposure and evaluate the circumstances surrounding exposure incidents.
- D. **High-Risk Group:** The persons most likely to become infected with AIDS - prostitutes, homosexual and bisexual males, intravenous drug users, hemophiliacs, and persons receiving blood transfusions.
- E. **Infection control officer:** A person designated by a hospital or other health care facility for the purpose of handling cases of exposure to communicable diseases.
- F. **Medical Referral Consultant:** A licensed physician, registered nurse, advanced registered nurse practitioner or licensed physician's assistant designated by the Tiverton Police Department for this purpose, whose name, address, and telephone number are listed in the communications center. This person shall be available for consultation on unprotected exposures by members of this department. Should this individual be unavailable, the department shall designate an alternate.
- G. **Personal Protective Equipment:** Specialized clothing or equipment worn by members for protection against the hazards of infection. This does not include standard issue uniforms and work clothes lacking special protective qualities.
- H. **Source individual:** Any person whose blood, bodily fluids, tissue, or organs were specifically identified as the source of an exposure to an emergency response or public safety worker.
- I. **Universal Precautions:** Procedures adopted by the federal Centers for Disease Control (CDC) that emphasize precautions based on the assumption that all blood and bodily fluids are potentially infectious of the AIDS (HIV) and hepatitis B (HBV) viruses.
- J. **Unprotected exposure:** Instances of direct mouth-to-mouth resuscitation, or the commingling of blood or other potentially infectious material of a source

individual to an emergency response or public safety worker, which is capable of transmitting an infectious disease, or any other type of exposure that may be designated by the Rhode Island public health services.

IV. DISCUSSION:

A. Infection Control

Police personnel and other public safety personnel routinely come into contact with members of the public. At some point it is predictable that police officers will come into contact with a person who has infectious disease such as Acquired Immune Deficiency Syndrome (AIDS), Hepatitis or other infectious diseases.

1. Extent of Danger

Cases have been documented where the AIDS virus has been transmitted to health care workers and cases have been documented where correctional line personnel have contracted tuberculosis during outbreaks of the disease at correctional facilities.

2. Casual Contact Not Know to Spread the Disease

The problems involving public health workers have been the result of handling of blood samples with ungloved hands (particularly where skin disorders have left broken skin), splashing of contaminated blood into the mouth and nose, or piercing of the skin with a contaminated needle. There has never been a documented case where AIDS has been spread by casual contact such as shaking hands, coughing, sneezing, spitting, kissing, using toilet seats, bathtubs, showers, linens or utensils, or from food and water.

3. Care to be Exercised

Police personnel should exercise extreme caution, and the following procedures shall be utilized when dealing with blood, items stained with blood or other bodily fluids, and persons of high risk groups, or when reaching into areas such as under car seats where visibility is compromised.

4. Obligation to Inform Other Support Personnel

Officers have an obligation to inform other support personnel such as ambulance attendants, firefighters, paramedics, detoxification center personnel, etc., whenever a change of custody involving a subject who has blood or bodily fluids on their person occurs, or if the subject has stated that s/he has a contagious disease.

V. PROCEDURE:

A. General Guidelines

1. Universal Precautions Required

This department subscribes to the principles and practices for prevention of exposure as detailed in the "universal precautions" prescribed by the CDC and the federal regulations of the Occupational Safety and Health Administration. Where not otherwise detailed in this policy, officers shall be guided by these concepts.

B. Workplace Controls and Personal Protective Equipment

1. General Assumption

In order to minimize potential exposure, officers should assume that all persons are potential carriers of HIV, HBV, or Tuberculosis.

2. Duty to Service Infected Persons

When appropriate protective equipment is available, no member shall refuse to arrest or otherwise physically handle or assist any person who may carry these viruses.

3. Requirement to Use Protective Gear

Members shall use protective gear under all appropriate circumstances unless the member can demonstrate that in a specific instance, its use would have prevented the effective delivery of health care or public safety services or would have imposed an increased hazard to his/her safety or the safety of a coworker.

- a. All such instances shall be reported by the member and shall be investigated and appropriately documented to determine if changes could be instituted to prevent similar occurrences in the future.

4. Disposable Gloves Required

Disposable gloves shall be worn when handling any persons, clothing or equipment or evidence with bodily fluids on them, or when cleaning up body fluids. Special care is urged when handling persons from high risk groups. Use disposable surgical grade rubber gloves over leather or vinyl gloves whenever you expect to come into contact with the body fluids of other people. Since your skin is the best protection against disease and infection, cover open wounds while at work, and change any dressing or

bandage that becomes wet or soiled. Protect hands and face if any open cuts or wounds are present. If you have a latex allergy, inform the Chief of Police and non-latex gloves will be provided.

5. Eye Protection Required

Masks, in combination with eye protection devices such as goggles or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter or droplets of potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated. Always wash hands after removing glasses even if your hands appear to be clean.

6. Protective Clothing

Gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn when processing crime scenes where bodily fluids are involved, or in other instances when made necessary by the degree of exposure anticipated.

7. CPR Masks

Plastic mouthpieces or other authorized barrier/resuscitation devices shall be used whenever performing CPR or mouth-to-mouth resuscitation. If immediate lifesaving action is necessary and such equipment is not available, officers are expected to act in accordance with the highest traditions of the police service.

8. Sharp Objects

All sharp instruments such as knives, scalpels and needles shall be handled with extraordinary care and should be considered contaminated items.

- a. Leather gloves or their protective equivalent should be worn when searching persons or places or dealing with environments, such as vehicle crash scenes, where sharp objects and bodily fluids may reasonably be encountered.
- b. Searches of automobiles or other places should be conducted using a flashlight, mirror or other devices where appropriate.
- c. Needles shall not be recapped, bent, broken, removed from a disposable syringe or otherwise manipulated by hand.

- d. Needles shall be placed in a departmentally provided, puncture resistant, leak proof container that is marked as bio-hazardous when collected for evidence, disposal or transportation purposes.

9. No Smoking or Eating When Working In Certain Areas

Officers shall not insert or touch their contact lenses, if applicable, nor smoke, eat, drink or apply makeup when working around bodily fluid spills, nor in the sally port, booking room, cell block or detention areas.

10. Taking of Prescription Drugs

Officers shall be aware that certain prescription medications such as steroids and asthma medications suppress their immune system and make them more susceptible to contagious diseases. Officers should consult with their primary care physician if they are taking such prescribed drugs.

11. Pregnant Officers

Pregnant officers shall report to their primary care physician or obstetrician any direct contacts with body fluids in the line of duty. Infections viruses may cause severe problems in newborns.

12. Contaminated Evidence

Any evidence contaminated or potentially contaminated with bodily fluids shall be completely dried, double bagged or placed in plastic envelopes and sealed with plastic tape (not staples). A "biohazard" label shall be affixed to any evidence bag or container that contains contaminated or potentially contaminated items. The member seizing the evidence shall write on the biohazard label and/or evidence bag/container the type of contamination (i.e. blood). All seized hypodermic needles shall be considered to be contaminated with bodily fluids and shall be stored in approved sharps containers or evidence needle tubes.

C. Custody and Transportation of Prisoners

1. Special Caution When Handling

Officers shall not put their fingers in or near any person's mouth.

2. Transporting Contaminated Individuals

Individuals with bodily fluids on their persons shall be transported in separate vehicles from other persons. The individual may be required to

wear a suitable protective covering if s/he is bleeding or otherwise emitting bodily fluids.

3. Support Personnel; Notification of

Officers shall notify relevant support personnel during a transfer of custody when the suspect has bodily fluids present on his/her person, or has stated that s/he has a communicable disease.

4. Isolation Area

Suspects taken into custody with bodily fluids on their persons shall be directly placed in the designated holding area for processing. The holding area shall be posted with a sign saying "ISOLATION AREA - DO NOT ENTER" or equivalent warning.

5. Documentation

Officers shall document on the appropriate arrest or incident form when a suspect taken into custody has bodily fluids on his/her person, or has stated that s/he has a communicable disease. Verbatim narratives shall be included when preparing such reports, and an additional notation shall be made, i.e., BODILY FLUIDS PRESENT.

6. DWI Blood and Breath Samples

Vials of blood collected from suspected intoxicated drivers shall be sealed in evidence packaging provided by the Rhode Island Department of Health and shall be labeled with a red biohazard tag. Breath tests shall not be administered to intoxicated drivers who are known to be HIV or HBV positive, or who are bleeding from the mouth. Such persons shall be transported to the hospital and a blood alcohol test requested there. Care shall be taken to prevent contaminating the department's breath testing instrument.

D. Housekeeping

1. Workplace Inspections

Supervisors and their employees are responsible for the maintenance of a clean and sanitary workplace and supervisors shall conduct periodic inspections to ensure that these conditions are maintained.

2. Cleaning Equipment and Work Surfaces

All equipment and environmental and work surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials as provided in this policy.

3. Disposal and Cleaning of Contaminated Clothing

Any protective coverings used in evidence custody or enforcement operations for covering surfaces or equipment shall be replaced as soon as possible following actual or potential contamination. Non-disposable items of clothing should be washed separately, using the HOT cycle on the washer.

4. Contaminated Receptacles

Bins, pails or similar receptacles used to hold actual or potentially contaminated items shall be labeled as bio-hazardous, decontaminated as soon as feasible following contamination. These items will be decontaminated and inspected on a regular basis. Decontamination will be accomplished by using a solution of bleach and water at a 1:10 ratio.

5. Handling and Storing Sharp Objects

Broken and potentially contaminated glassware, needles or other sharp instruments shall not be retrieved by hand, but by other mechanical means and shall not be stored in a manner that requires them to be retrieved by handling them manually.

6. Contaminated Skin or Clothing

Officers shall remove clothing that has been contaminated with bodily fluids as soon as practical and with as little handling as possible. Any contacted skin area shall be cleansed in the prescribed fashion.

7. Contaminated Laundry and PPE

Contaminated laundry and personal protective equipment shall be bagged or containerized at the location where it is used, in leak proof containers, but shall not be sorted, rinsed, or cleaned at that location.

8. Waste Disposal

Only employees specially designated by the Chief of Police shall discard actual or potentially contaminated waste materials. All such disposal shall conform to established state and federal regulations.

E. Disinfections

1. Unprotected Skin Surfaces

Any unprotected skin surfaces that come into contact with bodily fluids shall be thoroughly washed as soon as possible with hot running water and soap for at least fifteen (15) seconds before drying. Alcohol or antiseptic towelettes may be used only when soap and water are unavailable. Washing shall occur as soon as running water can be accessed.

- a. Disposable gloves should be rinsed before removal and hands and forearms should then be washed.
- b. Skin surfaces shall be washed and mucous membranes flushed with water as soon as feasible following the removal of any personal protective equipment.
- c. Hand lotion should be applied after disinfection to prevent chapping, and to seal cuts and cracks on the skin.
- d. All open cuts and abrasions shall be covered with waterproof bandages before reporting for duty.
- e. If clothing becomes contaminated with blood or other bodily fluids, the clothing shall be placed in a red BIOHAZARD bag and appropriately tagged with the biological hazard symbol or wording. Double bagging shall be used where punctures or outside contamination are likely. Officers shall not take potentially contaminated uniforms or equipment from the police facility. The department shall make arrangements for the cleaning or destruction of contaminated uniforms as appropriate.
- f. Protective disposable gloves shall be worn during all phases of disinfection. Rings, jewelry or long fingernails may compromise the structural integrity of the gloves. Make certain the gloves are not torn before you attempt to begin any decontamination process.

2. Disinfection of Vehicles

Disinfection procedures shall be initiated whenever bodily fluids are spilled or an individual with bodily fluids on his/her person is transported in a departmental vehicle.

- a. A supervisor shall be notified and the vehicle taken to the garage as soon as possible.

- b. Affected vehicles shall be immediately designated with the posting of a sign saying "Infectious Disease Contamination" or equivalent upon arrival at the garage and while awaiting disinfection. The department mechanic shall remove any excessive bodily fluids from the vehicle with an absorbent cloth, paying special attention to any cracks, crevices or seams that may be holding fluids. The affected area shall be disinfected with hot water and detergent or alcohol, and allowed to air-dry for at least ten (10) minutes. Protective disposable gloves and a long-handled brush should be used for cleaning. Personnel shall be careful not to contaminate themselves during the cleaning regimen or when taking off their disposable gloves or clothing. All disposable contaminated cleaning items shall be placed in plastic bags and placed in designated contaminated item receptacles.
- c. All police vehicles taken to a service center for routine maintenance shall, as part of that routine, be cleaned in the interior with a disinfectant.

3. Non-Disposable Items and Areas

Non-disposable equipment and areas upon which bodily fluids have been spilled shall be disinfected as follows:

- a. Any excess bodily fluids should first be wiped up with approved disposable absorbent materials.
- b. A freshly-prepared solution of one part household bleach to ten (10) parts water, or a fungicidal/myobactericidal disinfectant shall be used to clean the area or equipment.

F. Supplies

1. Responsibility to Maintain

The Staff Lieutenant is responsible for continuously maintaining an adequate supply of disease control supplies in a convenient location for all affected personnel. This includes, but is not limited to ensuring that:

- a. Personal protective equipment in appropriate sizes, quantities and locations are available
- b. Hypoallergenic gloves and other materials are available for those who are allergic to materials normally provided. Cleaning,

laundering and disposal, as well as repair or replacement of these and other items is provided.

- c. First aid supplies and disinfecting materials are readily available.

2. Supplies and Equipment for Cruisers

All departmental vehicles shall be continuously stocked with the following communicable disease supplies:

- a. Personal protective equipment in appropriate size and quantity for affected personnel, to include face and eye protective devices such as glasses, goggles or surgical masks; coveralls; disposable gloves and booties; leather gloves; plastic bags and sealing ties; puncture-resistant and leak proof containers for needles and other sharp objects; barrier resuscitation equipment, and leak proof plastic bags.
- b. Liquid germicidal cleaner or 1:10 ratio of bleach and water
- c. Disposable towelettes (70% isopropyl alcohol)
- d. "Isolation Area - Do Not Enter" signs, or materials from which they can be improvised

- 3. Any officer using supplies stored in a vehicle shall ensure that they are replaced as soon as possible.
- 4. Officers should keep disposable gloves in their possession when on vehicle, foot, or bicycle patrol.

G. Vaccination, Exposure, Evaluation and Treatment

1. HBV Vaccination

All members of this agency who have been determined by the Chief of Police to be at risk for occupational exposure to the hepatitis-B virus shall be provided with the opportunity to take the HBV vaccination series at no cost, within ten (10) working days of assignment to an occupationally exposed duty. The vaccination shall be provided if desired only if the member has not previously received the vaccination series and only if not contraindicated for medical reasons.

2. Human Bites and Other Exposures

If you receive a human bite that breaks the skin, immediately "milk" the wound to cause it to bleed; wash the area with soap and hot water, and report to the nearest medical facility. Notify your supervisor and file the necessary paperwork, as with any other injury, as well as completing part "A" of the Rhode Island Pre-Hospital Exposure Form (PHE). If you receive a line of duty through-the-skin exposure or exposure to the eyes or the inside of the mouth (mucous membrane) by being pierced with a needle, knife or other sharp object, or if your eyes or mouth are splashed or otherwise exposed to the blood or bodily fluids of a person, or if your skin is exposed to such fluids when you have an open, chapped, abraded or broken skin, or in any other case of exposure, report to the nearest medical facility and file the necessary IOD and PHE paperwork. If you refuse treatment, a signed waiver, must be supplied to the Office of the Chief of Police.

- a. It shall be the responsibility of the treating physician to ensure continued testing of the member for evidence of infection and arrange for psychological counseling as determined necessary by the treating health care professional.
- b. The member shall request a copy of the treating health care provider's written opinion within fifteen (15) days of the evaluation and information on any conditions that require further evaluation or treatment, and shall forward a copy of this opinion and information to the Chief of Police, who shall, unless disclosure to an appropriate person is authorized or required by law, maintain the confidentiality of the medical evaluation, test results, and any follow-up procedures.

3. Unprotected Contact; Assumption

Any person who has other unprotected contact with blood or other bodily fluids shall be considered to have been potentially exposed to HBV and/or HIV.

4. Testing of Subject

Any person responsible for potentially exposing a member of this agency to a communicable disease, whether taken to a medical facility or not, shall be asked to undergo testing at the department's expense to determine if the person has a communicable disease.

- a. The arresting or investigating officer shall present the PHE form to the treating physician, who shall complete part "B" and completion of the Post Exposure Follow-Up form shall be done.
- b. In cases where the source individual refuses and cannot be forced to undergo testing, it should be assumed that the source was infected with HIV, HBV, or other infectious disease.
- c. If the source is diagnosed to have an infectious disease which could be transmitted by unprotected exposure, the infection control officer at the treating facility shall be responsible, together with the treating physician, for appropriate follow-up treatment, including asking the officer for his/her consent to be evaluated clinically and serologically for evidence of HIV & HBV infection, and the officer should ask to be counseled by the treating physician regarding the risk of transmission.
 - (1). It is up to the treating physician to provide such person with a copy of the test results and a copy to the exposed department member. The member shall observe all state laws and regulations protecting further disclosure of the identity and infectious status of the source individual.
- d. If initial serological testing shows that the officer is negative for HIV, s/he shall report and seek medical attention for any fever or flu-like illness in the first twelve (12) weeks after exposure, and the treating physician shall be responsible for recommending any further testing or treatment. If prompt initial serological testing shows that the officer is positive for HIV, it can be assumed that any HIV infection present was not contracted by the recent exposure in question.
- e. If the source is seronegative for HIV, the physician generally will say that no further follow-up of the officer is necessary unless the source patient is at high risk for infection, in which case a subsequent specimen twelve (12) weeks after exposure will probably be requested from the officer for testing. This is the responsibility of the treating physician. If the source cannot be identified, appropriate follow-up should be handled on a case-by-case basis. All inquiries concerning AIDS or HIV antibody testing shall be directed through the Chief to the Medical Referral Consultant, or to Rhode Island public health officials.
- f. Criminal charges may be sought against any person who intentionally exposes a member of this department to a communicable disease.

5. Officers Who Test Positive

Officers who test positive for HIV or HBV may continue working as long as they maintain acceptable performance and the Town Physician feels they do not pose a safety threat to themselves, the public, or coworkers.

- a. The Chief of Police shall make all decisions concerning an employee's work status solely on medical opinions and advice of the department's health care officials.
- b. The department may require an employee to be examined by the Town Physician to determine if s/he is able to perform his or her duties without hazard to the employee or others.

6. Fairness Required

All members of this agency shall treat employees known or suspected to have contracted a communicable disease with fairness, courtesy, and dignity.

H. Record Keeping

1. Vaccination and Examinations Records

The Office of the Chief of Police shall maintain an accurate record for each employee with occupational exposure, which includes information on vaccination status, the results of all examinations, tests and follow-up procedures, the health care professional's written opinion, and all other germane information provided.

2. These health care records shall be kept in a separate jacket with limited access for the duration of the member's employment plus thirty (30) years, and shall not be disclosed or reported without the express written consent of the employee.

I. Training

1. The Training Coordinator shall ensure that all members of this agency with potential occupational exposure are provided with instruction on the prevention of blood borne diseases prior to their initial assignment, unless they have received such training at the Police Academy or elsewhere. Affected employees shall receive additional or refresher training whenever job tasks or procedures are modified in a manner that may alter their risk of exposure.

2. The Training Coordinator shall ensure that complete records are maintained on member training, to include the dates and content of training sessions, names and qualifications of persons conducting the training, and names and job titles of all persons attending it. These records shall be maintained for a period of at least three (3) years following the date of training.

VI. ATTACHMENTS

1. Rhode Island Pre-Hospital Exposure Form

PLEASE BEAR DOWN

RHODE ISLAND PRE-HOSPITAL EXPOSURE FORM

INSTRUCTIONS: Exposed pre-hospital worker completes *Part A* and presents it at hospital emergency department. Hospital ED completes *Part B*, then detaches the carbon copy and presents it to the exposed worker to return to his/her Designated Officer. Appropriate hospital department then completes *Part C* and contacts the exposed worker's Designated Officer (named in *Part A*), regardless of findings.

PART A

Report Date	Time	Incident Date	Time	Receiving Facility for Source Patient
Exposed Worker's Service/Department		Runsheets Lithocode Number		

Exposed Worker Information (please print)

Name _____ Home Phone _____ (optional)
 Designated Officer _____ Phone _____

Check boxes which best indicate your exposure. Explain fully in the description space below.

Exposure Route <input type="checkbox"/> Needlestick from used needle <input type="checkbox"/> Injury causing break to skin <input type="checkbox"/> Bite (causing skin break) <input type="checkbox"/> Unprotected mouth-to-mouth CPR <input type="checkbox"/> Other _____ <input type="checkbox"/> Inhalation _____	Bodily fluid splash to <input type="checkbox"/> Eye <input type="checkbox"/> Mouth <input type="checkbox"/> Nose <input type="checkbox"/> Non-Intact skin <input type="checkbox"/> Other _____
Exposure Type <input type="checkbox"/> Blood <input type="checkbox"/> Sputum <input type="checkbox"/> Saliva <input type="checkbox"/> Other (describe) _____	Source Patient Name _____ Transp. To _____ D.O.B. _____ Transp. From _____ Location (when exposure form filed) _____

Exposed body part(s) (be specific) _____

Describe the nature of the exposure _____

Have you had Hepatitis B vaccine? yes no **Hepatitis B antibody status?** positive negative unknown
 Protective gear used? gown mask eye shield/goggles gloves none other (describe) _____
 Did you seek medical attention? yes no

Where? _____

Signature of Exposed Worker _____

PART B

Exposed worker presented to facility _____ (name of facility)

Initial Hospital Disposition (check all that might apply)
 Seen by physician in ED Referred to private or contract physician Medical F/U Indicated? yes no
 Refused to be seen by ED physician Plans to see own physician

Form sent for review to (check one) Infection Control Occupational Health Employee Health
 Other (specify) _____

Name of hospital employee receiving form _____ Date _____

PART C

FOR HOSPITAL USE ONLY (To be completed by appropriate department)

Source Patient's Name _____ Source Patient's Hospital Medical Record # _____

Exposed Worker's Designated Officer (or name of person contacted) _____

Date Contacted _____

Exposed worker follow-up indicated? yes no Source patient follow-up indicated? yes no

Signature _____ Date _____

Commonuser Field Exposure Form / RI Department of Health REVISED April 2007
 Bottom/Carbon Copy: Exposed Worker Top/Original Copy: Exposed Worker's Medical Record To order additional forms, contact the Division of EMS at (401) 222-2401